This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEME	NT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
	y Transmissions by ns (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
	otions are located of this workbook	03/02/21	S ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
		7		

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20202 Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)
		TYLER, TX 75701 (City, town, state, zip)
C		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		CLAYTON WORK CAMP
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
-		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "commu	063729 Dity" is the same as a "community unit" as defined in ECC rules: "a
D	separate and distinct community or municipal entity (including unincorporated com unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will s community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, discrete erve as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile city.	nome parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First	CLAYTON	IL
Community	(CLAYTON WORK CAMP)	L
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	CEQUEL COMMUNICAT								06372
Е	SECONDARY TRANSMISSION In General: The information in s					/ transmission	service of	the cable	
_	system, that is, the retransmission			-					
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•						,	
Rates	each category by counting the n			•		•			
	separately for the particular serv	ice at the rate in	ndicated	d-not the number	of set	s receiving serving	/ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				tandar	d rate variation	s within a	particular rate	
	Block 1: In the left-hand block				of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide	e to their subscri	ibers. G	Give the number of	subsc	ribers and rate	for each li	sted category	
	that applies to your system. Note			-		-			
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted o					in the count ur	ider Servi	ce lo lhe	
	Block 2: If your cable system I					service that are	e different	from those	
	printed in block 1 (for example, t					•	,	-	
	with the number of subscribers a	ind rates, in the	right-ha	and block. A two- o	or three	e-word descript	ion of the s	service is	
	sufficient.	DCK 1					BLOC	< 2	
		NO. OF			0.4.75			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBEI	RS	RATE	CATE	GORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set		o	_					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)			······					
	Motel, hotel								
	Commercial		42	40.71					
	Converter								
	Residential								
	Non-residential								
								-	
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat	<b>`</b>	'	1		, ,			
•	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	billed. If any rates a	are ch	arged on a vari	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the <b>Block 1:</b> Give the standard rat		o ooblo	avatam far agab a	of the c	nnliachla convi	ana liatad		
Transmissions: Rates	Block 2: List any services that							t were not	
nutoo	listed in block 1 and for which a								
	brief (two- or three-word) descrip	tion and include	e the ra	te for each.					
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE (	CATEG	ORY OF SERVICE	Ξ	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	1		tion: Non-residen	itial				
	• Pay cable			el, hotel					
	Pay cable—add'l channel	-		nmercial					
	Fire protection		-	cable					
			-	cable-add'l channe	el				
	•Burglar protection								
	Installation: Residential			protection					
	Installation: Residential <ul> <li>First set</li> </ul>		• Burę	glar protection					
	Installation: Residential • First set • Additional set(s)		• Burç Other s	glar protection ervices:					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burថ Other s • Rec	glar protection ervices: onnect		-			
	Installation: Residential • First set • Additional set(s)		• Burg Other s • Rec • Disc	glar protection ervices: onnect connect		-			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burg Other s • Rec • Disc • Outl	glar protection ervices: onnect		-			

G Primary ansmitters: Felevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter	TELEVISION lentify every television station (including tr em during the accounting period, <i>except</i> ( i in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. <b>s</b> : With respect to any distant stations car rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the- the form. nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. th case whether the station is a network si	(1) stations carried only on a part-tin e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat wried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also see page (v) of the general instruction rogram services such as HBO, ESP -air designation. For example, report vision station for broadcasting over t station, an independent station, or a	ne basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream
G Primary Insmitters: elevision	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter	TELEVISION lentify every television station (including tr em during the accounting period, <i>except</i> ( i in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. <b>s</b> : With respect to any distant stations car rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the- the form. nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. th case whether the station is a network si	(1) stations carried only on a part-tin e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat wried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also see page (v) of the general instruction rogram services such as HBO, ESP -air designation. For example, report vision station for broadcasting over t station, an independent station, or a	ne basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream
<b>G</b> Primary nsmitters: elevision	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatit Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter	lentify every television station (including tr em during the accounting period, <i>except</i> ( s in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. <b>s</b> : With respect to any distant stations can rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pri- ed with a station according to its over-the- the form. nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. th case whether the station is a network si	(1) stations carried only on a part-tin e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat wried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also see page (v) of the general instruction rogram services such as HBO, ESP -air designation. For example, report vision station for broadcasting over t station, an independent station, or a	ne basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter	erm during the accounting period, except ( s in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. <b>s</b> : With respect to any distant stations can rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pri- ed with a station according to its over-the- the form. nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C.	(1) stations carried only on a part-tin e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat wried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also see page (v) of the general instruction rogram services such as HBO, ESP -air designation. For example, report vision station for broadcasting over t station, an independent station, or a	ne basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream
Primary nsmitters: elevision	76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter	(e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. <b>s</b> : With respect to any distant stations can rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pri- ed with a station according to its over-the- the form. nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. th case whether the station is a network si	1(e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also see page (v) of the general instructor rogram services such as HBO, ESP -air designation. For example, repor- vision station for broadcasting over t station, an independent station, or a	ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream
nsmitters: elevision	substitute program basis, a Substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station her station was carried only or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter	As explained in the next paragraph. <b>s:</b> With respect to any distant stations can rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pre- ed with a station according to its over-the- the form. hel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. th case whether the station is a network si	rried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also see page (v) of the general instruction rogram services such as HBO, ESP -air designation. For example, report vision station for broadcasting over t station, an independent station, or a	stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream
elevision	Substitute Basis Stations basis under specific FCC r • Do not list the station her station was carried only or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter	<b>s:</b> With respect to any distant stations can rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pre- ed with a station according to its over-the- the form. nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. th case whether the station is a network si	e Special Statement and Program L both on a substitute basis and also see page (v) of the general instruction rogram services such as HBO, ESP -air designation. For example, report vision station for broadcasting over t station, an independent station, or a	.og)—if the on some other ons. N, etc. Identify each rt multistream
	<ul> <li>Do not list the station her station was carried only or</li> <li>List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate</li> <li>"WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter</li> </ul>	re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the- the form. nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. th case whether the station is a network si	both on a substitute basis and also see page (v) of the general instructio rogram services such as HBO, ESP -air designation. For example, report vision station for broadcasting over t station, an independent station, or a	on some other ons. N, etc. Identify each rt multistream
	station was carried <i>only</i> or • List the station here, and basis. For further informatii <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter	n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the- the form. nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. th case whether the station is a network st	both on a substitute basis and also see page (v) of the general instructio rogram services such as HBO, ESP -air designation. For example, report vision station for broadcasting over t station, an independent station, or a	on some other ons. N, etc. Identify each rt multistream
	List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter	also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the- the form. hel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. th case whether the station is a network st	see page (v) of the general instruction rogram services such as HBO, ESP -air designation. For example, report vision station for broadcasting over t station, an independent station, or a	ons. N, etc. Identify each rt multistream
	Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter	on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the- the form. hel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. th case whether the station is a network st	rogram services such as HBO, ESP -air designation. For example, report vision station for broadcasting over t station, an independent station, or a	N, etc. Identify each rt multistream
	multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente	ed with a station according to its over-the- the form. hel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. th case whether the station is a network st	-air designation. For example, report vision station for broadcasting over t station, an independent station, or a	rt multistream
	"WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter	i the form. hel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. th case whether the station is a network si	vision station for broadcasting over t station, an independent station, or a	
	of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente	VRC is channel 4 in Washington, D.C. h case whether the station is a network st	station, an independent station, or a	he air in its community
	<b>Column 3:</b> Indicate in each educational station, by enter	h case whether the station is a network s	, I ,	
	educational station, by ente		, I ,	noncommercial
	/r · · · · · · · · ·		for network multicast), "I" (for indepe	endent), "I-M"
	· · · · · · · · · · · · · · · · · · ·	), "E" (for noncommercial educational), or		onal multicast).
		terms, see page (iv) of the general instruction of each station. For U.S. stations, list t		s licensed by the
		adian stations, if any, give the name of the	•	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KHQA-1	7	N	HANNIBAL, MO
	WGEM-1	10	N	
ows as Necessary	WHOI-1	19	N	PEORIA, IL

EGAL NAME OF								SYSTEM 063
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation abou m. entify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a checl n's locatio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM ante this point, see pag red by the cable s ne station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FC0	) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
	AM or FM	6/D				6/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 063729
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
Substitute	<b>In General:</b> In space I, identi substitute basis during the ac explanation of the programm	fy every nor ccounting pe	network televis priod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-			0			
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televi	<u>sion</u> progran	n
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ust complete	e the progra	
	log in block 2.			-	·			
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the program <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Can <b>Column 5:</b> Give the more first. Example: for May 7 giv <b>Column 6:</b> State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ce, please a of every noi distant stati gulations, o ies like "mo Bulls." n was broad sign of the s adcast static adian static adian static th and day ve "5/7." es when the Example: a er "R" if the and regulation ming that y	im on a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the o when your syst e substitute pro program carri- listed program ons in effect du	rows to the tables. sion program ("substitute jur cable system substitutes. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra the community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period	brogram") that d for the prog eral instruction in titles, for ex- lo." m. station is licent station is ident program. Use cable system. 15 p.m. to 6:2 mming that y c enter the let	t, during the ramming of ns for furthe ample, "I Lo nsed by the tified). numerals, List the tim 8:30 p.m. s our system ter "P" if the	e accounting f another stater f information ove Lucy" or e FCC or, in with the more thes accurate should be was <i>require</i> e listed progr	tion n. hth ly
	s	UBSTITUT	E PROGRAM			EN SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		rimes — to	DELETION
							_	
							_	
							_	
							_	
							_	
		+					_	
							<u> </u>	
							_	
							_	
							_	
							_	
							_	
							_	
							_	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	STEM ID# 063729
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service mount, see	<b>9,200.00</b> ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00 Line 1. Royalty fee for accounting period		52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	¢	0.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1         1. Base amount under statutory formula       \$263,800.00         2. Enter amount of gross receipts from space K		
	1. Enter the amount of gross receipts from space K       \$       263,800.00         2. Base amount under statutory formula       \$       263,800.00         3. Subtract line 2 from line 1	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00 15.00	]
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2020/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABL			SYSTEM ID# 063729
M Channels	to its subscribers, and (2) the ca 1. Enter the total number of cha system carried television bro	cable system's total num annels on which the cab oadcast stations	Is on which the cable system carried television broadcast stat ber of activated channels during the accounting period. le	ons 
	<ol> <li>Enter the total number of action on which the cable system ca and nonbroadcast services .</li> </ol>	carried television broadc	ast stations	49
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACT we can contact about this state		DRMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name RODNEY H	HASKINS	Telepł	one (903) 579-3152
			te number)	
	Email RC	ODNEY.HASKINS@A	LTICEUSA.COM Fax (optional	
O Certification	<ul> <li>I, the undersigned, hereby certify</li> <li>(Owner other than contact of owner other in line 1 of space</li> <li>X (Officer or partner) I a in line 1 of space</li> <li>I have examined the statement o</li> </ul>	y that (Check one, <i>but on</i> <b>prporation or partnershi</b> <b>ar than corporation or partnershi</b> are an an officer (if a corpor ce B. of account and hereby de to the best of my knowled	tified and signed in accordance with Copyright Office regulation <i>ly one</i> , of the boxes.) <b>p)</b> I am the owner of the cable system as identified in line 1 of space <b>artnership)</b> I am the duly authorized agent of the owner of the call in ot a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified as clare under penalty of law that all statements of fact contained he ge, information, and belief, and are made in good faith. /s/ Alan Dannenbaum electronic signature on the line above to certify this statement. hature using an "/s/ signature" (e.g., /s/ John Smith)	ace B; or ble system as identified s owner of the cable system
	Tyr		ALAN DANNENBAUM PROGRAMMING position held in corporation or partnership)	
	Da	ate:	2/25/2021	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	063729
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.